

**ATTACH LICENSE HERE**

Mail Original Form with all  
signatures to Delaware Real Estate  
Commission at the address below.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

**REAL ESTATE COMMISSION**

**REQUEST FOR TRANSFER/INACTIVE STATUS/TERMINATION OR CANCELLATION OF LICENSE**

*Please check and complete only the Section that applies:*

- ☐ Request for Transfer (Complete Section A)  
☐ Request for Inactive Status (Complete Section B)  
☐ Request for Termination by Releasing Broker (Complete Section C)  
☐ Cancellation of License (Complete Section D)

Licensee Name: \_\_\_\_\_ License

Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\*\*SECTION A:** ☐ Transfer to the office of the undersigned Broker, whose employ I will enter upon receipt of this request by the Commission Office.

Licensee Signature if Transferring: \_\_\_\_\_

**STATEMENT TO BE SIGNED BY EMPLOYING BROKER OF RECORD**

I hereby request that the above referenced licensee be transferred to my office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employing Broker

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Printed Name of Employing Broker

\_\_\_\_\_  
Address

\_\_\_\_\_  
Broker's Delaware License Number

\_\_\_\_\_  
E-mail Address

**STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD**

I hereby release the above referenced licensee from my office. The current license and pocketcard are attached above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Releasing Broker

\_\_\_\_\_  
Broker's Delaware License Number

\_\_\_\_\_  
Printed Name of Releasing Broker

**Note: \$11.00 Transfer fee and original license and pocket card must be received with this original request form in order for the transfer to be processed by the Commission Office. An original Certificate of Licensure History must accompany all requests for nonresident broker license transfers.**

**\*\*SECTION B:** ( ) Place on Inactive Status through June 30 of the current period. Include \$9.00 fee (\$12.00 if you are a nonresident broker licensee). Inactive status must be renewed annually by June 30.  
**NOTE:** Continuing Education accrued during inactive period is required in order to reactivate the license.

_____ Date	_____ Signature of Licensee
_____ Home Address	_____ Printed Name of Licensee
_____	_____ E-mail Address

**STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD**

I hereby release the above referenced licensee from my office to be placed on inactive status. Attached is his/her license and pocket card.

_____ Date	_____ Signature of Releasing Broker
_____ Broker's Delaware License Number	_____ Printed Name of Releasing Broker of Record
_____ Agency Name	_____ E-mail Address

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**\*\*SECTION C:** ( ) Request for Termination by Releasing Broker. **NO FEE REQUIRED**  
License must be returned.

Date of Termination:_____	Licensee Name:_____
License Number:_____	Home Address:_____
_____ Signature of Releasing Broker	_____
_____ Printed Name of Releasing Broker	_____ Broker's Delaware License Number
_____ Agency Name & Address	

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**\*\*SECTION D:** ( ) Cancellation of License **NO FEE REQUIRED** License and Pocket Card must be returned.

_____ Signature of Licensee	_____ Date
_____ Printed Name of Licensee	_____ Home Address
_____ License Number	_____